Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

November 20, 2008 Meeting

The following chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the November 20, 2008 meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

	Description of Recommendation	P & T Vote
1	**Agents for Pulmonary Hypertension** 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least bosetan and one phosphodiesterase type five (PDE-5) inhibitor should be preferred. 2. Sildenafil will be subject to prior authorization criteria to ensure it is being used for PAH. 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 4. For any agent not selected as preferred, DMS to allow continuation of therapy if there is a paid claim in the past 90 day. 5. For any new chemical entity in the Oral Agents for Pulmonary Hypertension class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 11 For 0 Against
2	**Clinical Criteria for Revatio™** Revatio™ will be authorized for the treatment of Pulmonary Arterial Hypertension **ONLY.**	**Passed** 11 For 0 Against
3	**Oral 5-ASA Derivatives** 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least two unique chemical entities, one of which should be approved for pediatric use, should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the 5-ASA Derivatives, Oral Preparations class, require a PA and until reviewed by the P&T Advisory Committee.	**Passed** 11for 0 Against

	Description of Recommendation	P & T Vote
4	**Nitroimidazoles** 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least immediate release metronidazole should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the nitroimidazole class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 11 For 0 Against
5	**New Drugs to Market: Stavzor™** Place this product non preferred in the PDL category titled Anticonvulsants, First Generation; however, any patient currently taking this product should be allowed to continue therapy via a 90 day electronic look back.	**Passed** 11 for 0 Against
6	**New Drugs to Market: Alvesco®** Place this product non preferred in the PDL category titled Corticosteroids, Inhaled with quantity limits sufficient to allow for the maximum recommended daily dose.	**Passed** 11 for 0 Against
7	**New Drugs to Market: Nplate™** Allow this product to pay unrestricted as Platelet Proliferation Stimulants are not listed on the KY PDL.	**Passed** 11 for 0 Against
8	**New Drugs to Market: Zamicet™** Place this product non preferred in the PDL category titled Analgesics: Short-Acting with the same duration edit as other hydrocodone/APAP combination products.	**Passed** 11 for 0 Against
9	**New Drugs to Market: Durezol™** Place this product non preferred in the PDL category titled Ophthalmic Ant-Inflammatory Steroids.	**Passed** 11 for 0 Against
10	**New Drugs to Market: Keppra® XR** Based on the committee's previous recommendation for this class, place this product preferred in the PDL category titled Anticonvulsants: Second Generation.	**Passed** 9 for 2 Abstentions 0 Against
11	**New Drugs to Market: venlafaxine ER** Place this product non preferred in the PDL category titled Antidepressants: SNRIs.	**Passed** 11 for 0 Against

	Description of Recommendation	P & T Vote
12	**Selective Norepinephrine Reuptake Inhibitors (SNRIs)** 1. DMS to select preferred agent(s) based upon economic evaluation; however, at least one long acting SNRI should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any agent not selected as preferred, DMS to allow continuation of therapy if there is a paid claim in the past 90 day. 4. Any new chemical entity in the SNRI class will require a PA until reviewed by the P&T Advisory Committee. 5. If duloxetine is selected as a non preferred agent, it should have additional criteria to allow for its use in fibromyalgia and diabetic peripheral neuropathic pain unless there are other SNRIs that gain those FDA-approved indications in the future.	**Passed** 9 for 2 Against
13	**Cymbalta® Clinical Criteria** Cymbalta® will be authorized for the following diagnoses: 1. Depression/Major Depressive Disorder/Generalized Anxiety Disorder/Social Anxiety Disorder/Panic Disorder: Approval after trial and failure of intolerance or contraindication to one preferred SNRI. 2. Diabetic peripheral neuropathic pain via an ICD9 Override 3. Fibromyalgia via an ICD9 Override	**Passed** 9 for 1 Abstention 1 Against